09/20/2004

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SEP 2 0 2004

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Mark S. BLOUIN In re the application of Art Unit: 2653 Gustafson et al. Confirmation No.: 4487 SHOCK ISOLATION BEARINGS AND TRAVEL LIMIT GAPS IN A SPINDLE MOTOR AND DISK DRIVE USING THE

SAME Serial No.: 09/846,054

Filed: April 30, 2001

Atty. Docket No.: K35A0459

**AMENDMEN** 

**CERTIFICATE OF TRANSMISSION** 

I hereby certify that this document and the documents referred to herein are being transmitted by facsimile to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, fax number 703-872-9306 on September 20. 2004.

> mulle a J. Miller

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

The present paper is responsive to the Office Action mailed May 27, 2004. Applicants respectfully request an extension of time for one month from August 27, 2004, to September 27, 2004. The Commissioner is hereby authorized to charge the fee due under 37 CFR §1.17(a)(1) (fee code 1251) in the amount of \$110 to Deposit Account No. 23-1209, referencing Docket No. K35A0459. A duplicate copy of this sheet is attached.

Amendments to the claims may be found beginning at page 2 of this paper.

Remarks and arguments may be found beginning at page 17 of this paper.

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Serial No. 09/846,054

Attu Tincker No. K35A0459

11/29/PAGE 2/21 RCVD AT 972072074 6:36:46 PM [Eastern Daylight Time] SVR:USPTO-EFXRF-1/4 DNIS:8729306 CSID:6508517232 DURATION (mm-ss):05-46

## PATENT APPLICATION FEE DETERMINATION RECORD Effective (1, 2003)

Application or Docket Number

FOR NUMBER FILED NUMBER EXTRA  TOTAL CHARGEABLE CLAIMS minus 20= *  INDEPENDENT CLAIMS minus 3 = *  MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter *0* in column 2  * If the difference in column 1 is less than zero, enter *0* in column 2  * If the difference in column 1 is less than zero, enter *0* in column 2  * CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  Independent * Minus *** = TOTAL  OR TOTAL  AMENDING PRESENT  FEE  OR X\$18=  Independent * Minus *** = TOTAL  OR ADDIT. FE													
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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													